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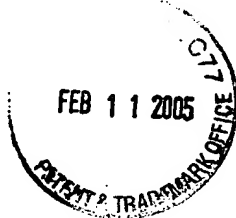
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Craig S. Fischer

(Depositor's name)

(Signature)

February 11, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/460,688	12/14/1999	KESTUTIS PATIRJUNAS	MCS-117-99	2824

TITLE OF INVENTION: SYSTEM AND METHOD FOR SIMULATING NETWORK CONNECTION CHARACTERISTICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CRAIG, DWIN M	2123	703-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Lyon & Harr, L.L.P**2 **Craig S. Fischer**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Microsoft Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Redmond, WashingtonPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Craig S. FischerDate **February 11, 2005**Registration No. **42,535**

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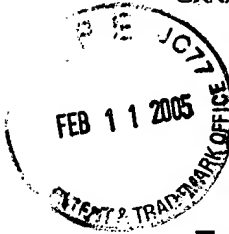
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Facsimile Cover Sheet

To: ISSUE FEE PAYMENT - Hon. Commisloner for Patents **From:** Craig S. Fischer
Fax: (703) 746-4000 **Pages:** 3 (inclusive)
Re: Serial No.: 09/460,688 **Date:** February 11, 2005
Filed: December 14, 1999
Attorney Docket No: MCS-117-99

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply

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Signature

Craig S. Fischer

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1. Facsimile Cover Sheet including Certificate of Transmission under 37 C.F.R. § 1.8 (1 page);
2. Issue Fee Transmittal Letter (1 page);
3. Credit Card Payment Form (1 page for Issue Fee).

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